

ISSUE SLIP STAFF AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|----------|
| FEE DETERMINATION | J. h. | | 4/24/99 |
| O.I.P.E. CLASSIFIER | | | 12-7-99 |
| FORMALITY REVIEW | | 69916 | 12/14/99 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here

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